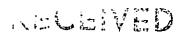
HIFN MΔF	R 29 1950	THE DIVISION OF HE STANDARD CERTIF	CATE OF DEATH	047
BIRTH NO	· ≈ • 1550 •	REG. DIST. NO. 144	PRIMARY REG. DIST. NO. 4233 Registrar's No.	. 2
I. PLACE OF DEA	TH Irom			estimation: essident
l OR	rporate limite, write RI Cadia	URAL and give township) C. LENGTH OF STAY (in this place Y's	c. CITY (If outside corporate limits, write BURAL and give to OR TOWN Arcadia	147
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in	stitution, give street address or location)	d. STREET (If rural, give location) ADDRESS	U
3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Washington	c. (Last) 4. DATE (Month) OF DEATH March	
11 11	color or RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MATTICO	8. DATE OF BIRTH 9. AGE (In years last birthday) Jan. 20 1907 43 Month	
10a. USUAL OCCUPATIOn deposits of the ld. Sur	ON (Give kind of work ne life, even if retired) Ot I I I	10b. KIND OF BUSINESS OR IN- Cross tie prod	11. BIRTHPLACE (State or foreign country) oction, Ellington Mo.	12. CITIZEN OF COUNTRY?
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	l l	_
George W.			zabeth Copeland Ruth Wald	
15. WAS DECEASED EVE (Yes. no. or unknown) (19		orces? 16. SOCIAL SECURITY 15 SECURITY 494_09=218	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Hull, Arcadia	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!		centification	INTERVAL BE ONSET AND I
"This does not mean the mode of dying, such as heart failure, asthenta, etc. It means the dis- case, injury, or complica- tion which caused death.	the underlying cau	, if any, giving DUE TO (b)	muree of Colon -	1534
19a. DATE OF OPERA-	related to the diseas	or condition couring death.		20, AUTOPS
1947 TION	Careman	10 1	becare of Colon -	YES
21a. ACCIDENT SUICIDE HOMICIDE	(Apacify) 2	21b, PLACE OF INJURY (a.g., in or about nome, farm, Motory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	. (STATE
21d. TIME (Month) OF INJURY	(Day) (Year) (I	Elour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?	·
22. I hereby certify alive on 3	that I attended to	he deceased from <u>1449</u> , and that death occurred at	$\frac{19}{5.25 \text{ A}}$, to $\frac{3}{2}$, $\frac{2}{195}$, that I is	
23 SIGNATURE	0,	(Degree or title)	23b, ADDRESS	23c. DATE S
- inge of		m W -	Kion Han 710	3-4-
Z44. BURIAL. CREMATION REMOVAL (Breed)	" 3-14-5	24c. NAME OF CEMETER O Arcadia Va	lley Memorial, Ironton Mo.	•
		IGNATURE /28	White Funeral Home, Iron	ADDRESS.



MAR 28 1550

DISTRICT HEALTH OFFICE No. File No. 350-457

Oder 11 's

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embaimed by me, or by
	Student Embelmer No.

working under my personal supervision.

Signed asself White

Licensed Embalmer-No. 30/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.